

Name-Surname ..... Program ..... Field of Study .....

Chulalongkorn University Regulation, 2018		Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate Education
Number of Examination Committees	<p><b>Not less than 5 persons</b></p> <p>1. External Chairperson 1 person (1 position)</p> <p>2. Supervisor 1 person + Co-Supervisor (If applicable) 1 person (1 position)</p> <p>3. Member (Full-time lecturer which named in มคอ.2/ added name in สมอ.08) 1 person (1 position)</p> <p>4. Member (Full-time lecturer or Faculty Member or External) 1 person (1 position)</p> <p>5. Member (Full-time lecturer or Faculty Member or External) 1 person (1 position)</p> <p>Members number 6 and 7 (If applicable) use the same criteria as number 4 and 5</p>		
1. Chairperson Name .....	<p><b>Only External Expert</b></p> <p>1. Holding Doctoral degree/ Equivalent <u>and</u></p>		
	<p>2. Have a <b>published academic paper in journal/ Have a name in database*</b> For international level with not less than 5 papers Which fit/ related with Thesis/ IS</p>		
2. Thesis/ IS Supervisor Name .....	<p>1. Curriculum Instructor (In list of มคอ.2/ add on in สมอ.08 list) <u>and</u></p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree <u>and</u></p> <p>3. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
2.1 Co-Supervisor (If Applicable) Name .....	<p><b>In case of Faculty Member in Chulalongkorn University</b></p> <p>1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u></p> <p>2. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
	<p><b>In case of External Scholar</b></p> <p>1. Holding a Doctoral degree/ Equivalent <u>and</u></p> <p>2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic</p>		
3. Member Name .....	<p><b>In case of Faculty Member in Chulalongkorn University</b></p> <p>1. <b>Must be a Full-time lecturer (listed in มคอ.2/ added in สมอ.08) and</b></p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
4. Member Name .....	<p><b>In case of Faculty Member in Chulalongkorn University</b></p> <p>1. <b>Must be a Full-time lecturer (listed in มคอ.2/ added in สมอ.08) and</b></p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
	<p><b>In case of External Scholar</b></p> <p>1. Holding a Doctoral degree/ Equivalent <u>and</u></p> <p>2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic</p>		
5. Member Name .....	<p><b>In case of Faculty Member in Chulalongkorn University</b></p> <p>1. <b>Must be a Full-time lecturer (listed in มคอ.2/ added in สมอ.08) and</b></p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
	<p><b>In case of External Scholar</b></p> <p>1. Holding a Doctoral degree/ Equivalent <u>and</u></p> <p>2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic</p>		

Chulalongkorn University Regulation, 2018		Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate Education
6. Member Name .....	<b>In case of Faculty Member in Chulalongkorn University</b> 1. Must be a Full-time lecturer (listed in มคอ.2/ addedin สรพ.08) and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> Have an academic record* of at least 3 works in the last 5 years. With at least one research paper		
	<b>In case of External Scholar</b> 1. Holding a Doctoral degree/ Equivalent <u>and</u> 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic		
7. Member Name .....	<b>In case of Faculty Member in Chulalongkorn University</b> 1. Must be a Full-time lecturer (listed in มคอ.2/ addedin สรพ.08) and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent <u>and</u> Have an academic record* of at least 3 works in the last 5 years. With at least one research paper		
	<b>In case of External Scholar</b> 1. Holding a Doctoral degree/ Equivalent <u>and</u> 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers <u>or</u> international level with not less than 5 papers Which fit/ related with Thesis/ IS topic		

\*Academic works should not be the part of study for a degree and should be published as per regulation of consideration for appointing an academic position.

In case of new Lecturer with Ph.D. after graduated within 5 years, If the instructor want to work as a Thesis Supervisor and Examination Committee in D.Sc. need to match qualification as followed

1. In case of graduated not more than 2 years, instructor need to have at least 1 academic work
2. In case of graduated not more than 4 years, instructor need to have at least 2 academic works
3. In case of graduated not more than 5 years, instructor need to have at least 3 academic works

In case of External Scholar which doesn't match the qualification of degree/ academic works as stated should be appointed as a specialist with admitted experience which related to Thesis/ IS topic by approval from university and informed to OHEC.

Documents	Criteria/ Details	Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate
1. Memorandum from Department/ Program	Number of letter from Department/ Program + Signature of Head of Department/ Head of Curriculum		
2. Approval form for Thesis proposal, Approval form for Thesis outline, and Proposal form for examination committee (1.3 )	1. Corrected thesis topic for both Thai and English languages on every page 2. Completed form/ information (semester, student id., program, field of study, enrollment credits) 3. Name-Surname + academic position of examination committee 4. Specify time and date which qualified from the curriculum management committee 5. Specify time and date which qualified with ethical review (If Any)		
3. Research ethical review (If experiment in human/ animal)	Name of topic in document is matched with form 1.3		
4. Report of Thesis proposal test	Name of topic in document/ corrected name from committee is matched with every pages of form 1.3		
5. CV of examination committee	Attached CV of every examination committee followed by form 1.3		
6. Request for Thesis proposal in IThesis	<a href="https://ithesis.grad.chula.ac.th/">https://ithesis.grad.chula.ac.th/</a> Specify name of topic in both Thai-English languages and lists of examination committee to be the same as documents		
7. Study Report (CR60) and Student registration results (CR54)	Since the first semester until the present		
8. Letter of Consent for <a href="#">all External Committees</a>	The external committee of the university completes the form and signs it.		

Certified correct information by Chulalongkorn University Regulation, 2018

Student .....  
 (.....) ...../...../.....

Supervisor .....  
 (.....) ...../...../.....



**Detailed research procedures and methods**

Please draw straight lines in the blank space, numbering 1 to 18, to represent the lengths of time for the various steps in the conduct of research.

(Month and Year the Research Starts .....)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Expected benefits from this research

1. ....
2. ....
3. ....

Signature ..... Graduate Student  
 (.....)  
 Date ...../...../.....

\*Research that **does require** consideration by a human ethics committee and/or experimental animals is at the discretion and responsibility of the thesis advisor.

A. (In the case that the thesis work must study human studies and/or the use of experimental animals.)	
<p><b>Approved by</b> <input type="checkbox"/> Institutional Animal Care and Use Committee</p> <p>Faculty of .....</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment .....</p>	<p><b>Approved by</b> <input type="checkbox"/> Human Research Ethics Committee</p> <p>Faculty of .....</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment .....</p>

\*Research that **does not require** consideration by a human ethics committee and/or experimental animals is at the discretion and responsibility of the thesis advisor.

B. (In the case that the thesis work does not require human studies and/or the use of experimental animals.)	
<p>B. 1 Advisor's opinion</p> <p><input type="checkbox"/> The thesis advisor agreed that there was no need to conduct experiments on humans and/or animals.</p> <p>Comment .....</p> <p style="text-align: center;">Signature .....</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">Thesis Supervisor</p> <p style="text-align: center;">...../...../.....</p>	<p style="text-align: center;">and</p> <p>B. 2 Associate Dean for Academic Affairs and Graduate Studies's opinion after considering the thesis proposal</p> <p><input type="checkbox"/> This thesis work <b>must</b> require ethical consideration.</p> <p><input type="checkbox"/> This thesis work <b>does not require</b> ethical consideration.</p> <p style="text-align: center;">Signature .....</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">(Associate Dean for Academic Affairs and Graduate Studies)</p> <p style="text-align: center;">...../...../.....</p>

List of Thesis Examination Committee Members

..... Chairperson  
 ..... Thesis Supervisor  
 ..... Co-Supervisor (If Any)  
 ..... Member  
 ..... Member  
 ..... Member  
 ..... External Member

Signature .....  
 (.....)  
 Graduate Student  
 Date .... / .... / .....

Signature .....  
 (.....)  
 Thesis Supervisor  
 Date .... / .... / .....

Signature .....  
 (.....)  
 Head of department / Program Director  
 Date .... / .... / .....

Signature .....  
 (Professor Thanaphum Osathanon, D.D.S., Ph.D.)  
 Associate Dean for Academic Affairs and Graduate Studies  
 Date .... / .... / .....

This was approved by the meeting in the following order:

1. The program committee at the meeting No ..... Date .... / .... / .....
2. The faculty board at the meeting No ..... Date .... / .... / .....

.....

**Students must attach documents containing the following:**

1. Evaluation of the thesis proposal examination
2. Results of ethical considerations for research in human's / laboratory animals
3. CV of examination committee (Academic works should not be the part of study for a degree)
4. Letter of Consent for all External Committees



## แบบฟอร์มยินยอมให้ข้อมูล (Letter of Consent)

เรียน คณบดีคณะทันตแพทยศาสตร์

(Dear Dean, Faculty of Dentistry)

ข้าพเจ้า (I) Full Name TH \_\_\_\_\_

Full Name EN \_\_\_\_\_

เลขที่บัตรประชาชน Citizen ID / Passport \_\_\_\_\_

อีเมล Email \_\_\_\_\_

หน่วยงานต้นสังกัด Affiliation \_\_\_\_\_

ข้าพเจ้ายินยอมให้ข้อมูลข้างต้นสำหรับเพิ่มเข้าโปรแกรมการบริหารจัดการวิทยานิพนธ์ (iThesis) เพื่อปฏิบัติหน้าที่เป็นคณะกรรมการสอบวิทยานิพนธ์ของนิสิตคณะทันตแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย เท่านั้น

I consent to the above information being added to the thesis management program (iThesis), perform duties as a thesis examination committee for students in the Faculty of Dentistry, Chulalongkorn University only.

ชื่อ-นามสกุลนิสิต (First-Surname Student) \_\_\_\_\_

หลักสูตร (Department) \_\_\_\_\_ สาขาวิชา (Field of Study) \_\_\_\_\_

ลงนาม(Signed) .....

(.....)

ผู้ยินยอมให้ข้อมูล (Consenter)

วันที่ (Date).....

สอบถามข้อมูล (Contact) ฝ่ายบัณฑิตศึกษา (Graduate Studies Division) 02-218-9036

Email: graddentcu@gmail.com